

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	R&N	TYPE	GRADE	INSPECTION DATE		ESTABLISHMENT NAME	
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24	03 / 15 / 2018		MOM'S POP BURGER	
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT	PERMIT HOLDER	
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	RATING	9:45AM	2:45 PM	MSJ CORPORATION	
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	C	SANITARY PERMIT NO.		LOCATION (Address)	
Other:	<input type="checkbox"/>	<input type="checkbox"/>		170002068		L 5142 - 1-2-R1; UNIT 105, MANHATTAN PLAZA TUMON, GUAM	
ESTABLISHMENT TYPE				AREA	TELEPHONE	No. of Risk Factor/Intervention Violations	RISK CATEGORY
RESTAURANT				5	646-6667	3	3
				No. of Repeat Risk Factor/Intervention Violations			
				0			

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Supervision						
1	IN	OUT	Person in charge present, demonstrates knowledge, and performs duties	<input checked="" type="checkbox"/>		6
Employee Health						
2	IN	OUT	Management awareness, policy present			(6)
3	IN	OUT	Proper use of reporting, restriction & exclusion			6
Good Hygienic Practices						
4	IN	OUT	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	IN	OUT	No discharge from eyes, nose, and mouth			6
Preventing Contamination by Hands						
6	IN	OUT	Hands clean and properly washed			(6)
7	IN	OUT	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	IN	OUT	Adequate handwashing facilities supplied & accessible	<input checked="" type="checkbox"/>		6
Approved Source						
9	IN	OUT	Food obtained from approved source			6
10	IN	OUT	Food received at proper temperature			6
11	IN	OUT	Food in good condition, safe, and unadulterated			6
12	IN	OUT	Required records available: shellstock tags, parasite destruction			6
Protection from Contamination						
13	IN	OUT	Food separated and protected			6
14	IN	OUT	Food contact surfaces: cleaned & sanitized			(6)
15	IN	OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6
Potentially Hazardous Food (TCS Food)						
16	IN	OUT	Proper cooking time and temperatures			6
17	IN	OUT	Proper reheating procedures for hot holding			6
18	IN	OUT	Proper cooling time and temperatures			6
19	IN	OUT	Proper hot holding temperatures			6
20	IN	OUT	Proper cold holding temperatures	<input checked="" type="checkbox"/>		6
21	IN	OUT	Proper date marking and disposition			6
Consumer Advisory						
22	IN	OUT	Consumer Advisory provided for raw or undercooked foods			6
Highly Susceptible Populations						
23	IN	OUT	Pasteurized foods used; prohibited foods not offered			6
Chemical						
24	IN	OUT	Food additives: approved and properly used			6
25	IN	OUT	Toxic substances properly identified, stored, used			6
Conformance with Approved Procedures						
26	IN	OUT	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box; if numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status				COS	R	PTS
Safe Food and Water						
27			Pasteurized eggs used where required			1
28			Water and ice from approved source			2
29			Variance obtained for specialized processing methods			1
Food Temperature Control						
30			Proper cooling methods used; adequate equipment for temperature control			1
31			Plant food properly cooked for hot holding			1
32			Approved thawing methods used			1
33	<input checked="" type="checkbox"/>		Thermometer provided and accurate			(1)
Food Identification						
34	<input checked="" type="checkbox"/>		Food properly labeled; original container	<input checked="" type="checkbox"/>		1
Prevention of Food Contamination						
35	<input checked="" type="checkbox"/>		Insects, rodents, and animals not present			(2)
36	<input checked="" type="checkbox"/>		Contamination prevented during food preparation, storage & display	<input checked="" type="checkbox"/>		1
37	<input checked="" type="checkbox"/>		Personal cleanliness	<input checked="" type="checkbox"/>		1
38			Wiping cloths: properly used and stored			1
39			Washing fruits and vegetables			1
I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.						
Person in Charge (Print and Sign) <u>Sun Hae Ki</u>						
Date: <u>3/15/18</u>						
DEH Inspector (Print and Sign) <u>LEILANI NAVARRO</u>						
Follow-up (Circle one): <u>YES</u> NO						
Follow-up Date: <u>TBD</u>						
Sanitary Permit, Health Certificates valid and posted						
54						2

Compliance Status				COS	R	PTS
Proper Use of Utensils						
40	<input checked="" type="checkbox"/>		In-use utensils: properly stored	<input checked="" type="checkbox"/>		1
41			Utensils, equipment and linens: properly stored, dried, handled			1
42			Single-use/single-service articles: properly stored, used			1
43			Gloves used properly			1
Utensils, Equipment and Vending						
44			Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used			1
45	<input checked="" type="checkbox"/>		Warewashing facilities: installed, maintained, used; test strips			(1)
46	<input checked="" type="checkbox"/>		Nonfood-contact surfaces clean			(1)
Physical Facilities						
47			Hot & cold water available, adequate pressure			2
48			Plumbing installed; proper backflow devices			2
49			Sewage and wastewater properly disposed			2
50			Toilet facilities: properly constructed, supplied, & cleaned			2
51			Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="checkbox"/>		Physical facilities installed, maintained, and clean			(1)
53			Adequate ventilation and lighting; designated areas use			1
Documents and Placards						
54			Sanitary Permit, Health Certificates valid and posted			2

Department of Public Health and Social Services
Division of Environmental Health

Food Establishment Inspection Report

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ESTABLISHMENT NAME MOM'S BOP BURGER		LOCATION (Address) UNIT 105, MANHATTAN PLAZA L 5142-1-2-R1; TUMON, GUAM
INSPECTION DATE 03 / 15 / 2018	SANITARY PERMIT NO. 170002068	PERMIT HOLDER MSI CORPORATION

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)
CUT CABBAGE / PREP CHILLER	43.5		
BUTTER / PREP CHILLER	44.0		
EGG ROLL / PREP CHILLER	42.5		
COOKED RICE / KITCHEN COUNTER	115.5		
SALAD DRESSING / KITCHEN COUNTER	54.0		
COOKED CHICKEN / KITCHEN COUNTER	65.5/66.5		
COOKED TOFU / BROILER	147.0		
FISH CAKE / BROILER	151.5		

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED TODAY. THE FOLLOWING VIOLATIONS WERE OBSERVED:	
1	PERSON - IN - CHARGE (PIC) WITH A MANAGER'S CERTIFICATION WAS NOT PRESENT DURING THE FIRST HOUR OF THE OPERATION. CORRECTIVE ACTION: PIC CAME IN ABOUT AN HOUR AFTER RESTAURANT OPENING. PIC WHO HAS KNOWLEDGE OF FOOD SAFETY PRACTICES SHALL BE PRESENT DURING ALL HOURS OF THE OPERATION TO ENSURE THAT PREVENTIVE MEASURES ARE BEING IMPLEMENTED TO CONTROL THE OCCURENCE OF FOODBORNE ILLNESS.	CDS
2	NO EMPLOYEE HEALTH POLICY WAS IN PLACE. EMPLOYEE HEALTH POLICY SHALL BE IN PLACE TO ENSURE EMPLOYEE TRAINING ON REPORTING REQUIREMENTS FOR SICK FOOD HANDLERS.	
3	ONE EMPLOYEE WAS SEEN WASHING HER HANDS IN THE THREE-COMPARTMENT SINK. ANOTHER EMPLOYEE WAS SEEN WASHING HER HANDS ^{W.} WATER WITHOUT SOAP. HANDS SHALL BE WASHED IN A DESIGNATED HANDWASHING SINK AND SHALL BE PROPERLY WASHED WITH SOAP AND WATER TO PREVENT CONTAMINATION.	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) <i>[Signature]</i> Sun Hee Kim	Date: 3/15/18
DEH Inspector (Print and Sign) LEIVANI NAVARRO <i>[Signature]</i> VENER RAYMUNDO <i>[Signature]</i>	Date: 03/15/2018

Department of Public Health and Social Services
Division of Environmental Health

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ESTABLISHMENT NAME MOM'S BOB BURGER		LOCATION (Address) UNIT 105, MANHATTAN PLAZA L5142-1-2-R1; TUMON, GUAM
INSPECTION DATE 03 / 15 / 2018	SANITARY PERMIT NO. 17C002068	PERMIT HOLDER M&J CORPORATION

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

8	RAW CHICKEN WAS SEEN BEING PREPARED IN THE HANDWASHING SINK IN THE KITCHEN. CORRECTIVE ACTION: PIC WAS INFORMED TO ENSURE THAT THE HAND WASHING SINK IS TO BE USED SOLELY FOR HANDWASHING. CHICKEN WAS REMOVED AND THE SINK WAS WASHED, RINSED, AND SANITIZED. HANDWASHING SINK SHALL NOT BE USED FOR PURPOSES OTHER THAN HANDWASHING TO PREVENT CROSS-CONTAMINATION.	COS
14	EMPLOYEE WAS OBSERVED WASHING A KNIFE WITH SOAP AND WATER, RINSING IT WITH WATER, AND THEN RINSING IT AGAIN WITH SANITIZING SOLUTION FOR A FEW SECONDS IN THE THREE-COMPARTMENT SINK PRIOR TO DRYING. IN ANOTHER INSTANCE, HE WAS SEEN WASHING AND RINSING A TRAY WITHOUT SOAKING IT IN A SANITIZING SOLUTION PRIOR TO DRYING. FOOD CONTACT SURFACES SHALL BE WASHED, RINSED, AND SANITIZED BY SOAKING THEM IN SANITIZING SOLUTION FOR A LENGTH OF TIME PRESCRIBED IN THE SANITIZER LABEL - IN THIS CASE, NOT LESS THAN ONE MINUTE - TO ENSURE INACTIVATION OF MICROORGANISMS THAT MAY CAUSE FOODBORNE ILLNES.	
20	TIME/TEMPERATURE CONTROL FOR SAFETY (TCS) FOOD SUCH AS FRIED CHICKEN AND STEAMED RICE DID NOT MEET INTERNAL TEMPERATURE REQUIREMENTS FOR COLD HOLDING. TCS FOOD SHALL BE KEPT AT 41°F OR BELOW TO LIMIT PATHOGEN GROWTH.	
33	FOOD THERMOMETER WAS NOT AVAILABLE FOR USE. FOOD THERMOMETER SHALL BE PROVIDED TO FACILITATE MONITORING OF INTERNAL TEMPERATURES OF FOOD.	
34	SOME FOOD ITEMS ON KITCHEN COUNTERS WERE NOT IN ORIGINAL CONTAINERS AND WERE NOT LABELED. CORRECTIVE ACTION: SAID FOOD ITEMS	COS

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Sun Hee Kim	Date: 3/15/18
DEH Inspector (Print and Sign) LEILANI NAVARRO	Date: 03/15/2018

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Division of Environmental Health
Food Establishment Inspection Report

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ESTABLISHMENT NAME MON'S BOP BURGER		LOCATION (Address) MANHATTAN PLAZA, LOT 5142-1-2-R1; UNIT 105, TUMON, GUAM	
INSPECTION DATE 03 / 15 / 2018	SANITARY PERMIT NO. 170002008	PERMIT HOLDER MST CORPORATION	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	WERE LABELED.	
	FOOD NOT IN ORIGINAL CONTAINER SHALL BE PROPERLY LABELED TO FACILITATE CORRECT IDENTIFICATION.	
35	THIRTEEN OUTER OPENINGS AND GAPS/VOIDS AROUND DOORS, PIPES, COULINGS, AND FLOORS WERE FOUND THROUGHOUT THE FACILITY. THE EXIT DOOR ABOVE THE STAIRS WAS NOT SELF-CLOSING. BASED ON THE FACILITY'S CLOSE PROXIMITY TO SHOGUN AND THE FACT THAT THEY SHARE THE SAME KITCHEN, IT APPEARS THAT THIS FACILITY IS AFFECTED BY THE ROIDENT INFESTATION AND THIS DEEMED TO HAVE AN IMMINENT HEALTH HAZARD. OUTER OPENINGS AND GAPS SHALL BE SEALED TO PREVENT ENTRY OF PESTS.	
36.	SOME SACKS OF RICE WERE STORED DIRECTLY ON THE FLOOR IN THE DRY STORAGE ROOM. CORRECTIVE ACTION: SACKS OF RICE WERE PLACED MORE THAN SIX INCHES OFF THE FLOOR. FOOD SHALL BE STORED AT LEAST SIX INCHES OFF THE FLOOR TO PREVENT CONTAMINATION AND FACILITATE CLEANING.	COS
37.	ONE EMPLOYEE WAS FOUND WEARING A BRACELET AND A WATCH WHILE CUTTING ONIONS AND MAKING TUNA SPREAD. CORRECTIVE ACTION: EMPLOYEE REMOVED BOTH BRACELET AND WATCH. WEARING OF JEWELRY SHALL BE MINIMIZED TO PREVENT CONTAMINATION OF FOOD.	COS
40.	IN-USE UTENSILS SUCH AS ^{LEAF} LADLES AND SCOOPERS WERE BEING STORED IN LUKEWARM WATER, ICE SCOOPER BEING STORED TOGETHER WITH ICE, WITH THE HANDLE LYING FLAT ON THE ICE. CORRECTIVE ACTION: SAID UTENSILS WERE PLACED IN CLEAN, DRY CONTAINERS AND WILL BE WASHED	COS

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Sun Hee Kim	Date: 3/15/18
DEH Inspector (Print and Sign) LOUANI NAVARRO	Date: 03/15/2018

Department of Public Health and Social Services
Division of Environmental Health

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ESTABLISHMENT NAME MOM'S BOB BURGER		LOCATION (Address) UNIT 105, MANHATTAN PLAZA, TUMON, GUAM	
INSPECTION DATE 03 / 15 / 2018	SANITARY PERMIT NO. 170002068	PERMIT HOLDER MJS CORPORATION	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	RINSED, AND SANITIZED EVERY FOUR HOURS.	
	IN-USE UTENSILS SHALL BE PROPERLY STORED TO PREVENT CROSS-CONTAMINATION.	
45	INCORRECT TEST STRIPS WERE PROVIDED FOR THE WAREWASHING FACILITY. PIC PROVIDED CHLORINE TEST STRIPS WHEN THE SANITIZER BEING USED WAS QUAT.	
	THE CORRESPONDING TEST STRIP SHALL BE USED FOR THE SANITIZER TO ENSURE CORRECT SANITIZER DILUTION.	
46	INSIDE SURFACES / SHOWERS OF SOME CHILWERS, AND DOOR OF A DEEP FREEZER HAD DARK STAINS AND/OR FOOD DEBRIS.	
	NON-FOOD CONTACT SURFACES SHALL BE KEPT CLEAN TO PREVENT CROSS-CONTAMINATION.	
52.	WATER ACCUMULATION / POOLING FOUND ON TILE FLOOR UNDER THE STAIRS. A FEW LITTER AND GREASE BUILD-UP FOUND ON THE FLOOR UNDER AND BEHIND SOME EQUIPMENT.	
	PHYSICAL FACILITIES SHALL BE KEPT CLEAN TO PREVENT FOOD OR WATER SOURCE FOR PESTS.	
	PICTURES AND VIDEO OF THE VIOLATIONS WERE TAKEN.	
	SANITARY PERMIT IS HEREBY SUSPENDED DUE TO RODENT INFESTATION, WHICH IS DEEMED AN IMMEDIATE HEALTH HAZARD.	
	INSTATED	
	SANITARY PERMIT MAY BE RE-INSTATED V.R. ONLY AFTER ALL CITED VIOLATIONS HAVE BEEN CORRECTED, AND THE FOLLOWING ADDITIONAL REQUIREMENTS ARE MET TO ADDRESS RODENT INFESTATION, PURSUANT TO GUAM FOOD CODE SECTION 8-102.10:	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Sun Hee Kim	Date: 3/15/18
DEH Inspector (Print and Sign) VELASO NAVARRO	Date: 03/15/2018

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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ESTABLISHMENT NAME MOM'S BOP BURGER		LOCATION (Address) MANHATTAN PLAZA, LS142 -1-2 -21; UNIT 105 TUMON, GUAM	
INSPECTION DATE 03 / 15 / 2018	SANITARY PERMIT NO. 170002068	PERMIT HOLDER MSJ CORPORATION	

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

1. ~~WRITTEN~~ ^{U.R.} WRITTEN DOCUMENTATION FROM THE ESTABLISHMENT'S PRIMARY PEST CONTROL COMPANY (PCC) REGARDING THE SERVICE PROVIDED TO INCLUDE NAME OF PESTICIDE USED; NUMBER(S) OF BAITS, TRAPS, AND OTHER METHODS USED; LOCATION OF APPLICATION; OBSERVATIONS OF EACH SERVICE CONDUCTED; AND ANY OTHER RELEVANT INFORMATION NEEDED SHALL BE PROVIDED.

2. WRITTEN DOCUMENTATION FROM THE PCC THAT NO PEST ACTIVITY WAS OBSERVED FOR THREE CONSECUTIVE DAYS SHALL BE PROVIDED.

3. A WRITTEN CLEANING SCHEDULE THAT INDICATES AREAS TO BE CLEANED AND SANITIZED, HOW IT WILL BE CONDUCTED, AND HOW OFTEN IT WILL BE DONE SHALL BE PROVIDED.

5. CLEAN AND SANITIZE ALL SURFACES PRIOR TO OPERATION.

POSTED "NOTICE OF CLOSURE" PLACARD ON THE FRONT DOOR.

ISSUED NOTICE OF CLOSURE LETTER AND RE-INSPECTION REQUEST FORM WITH INSTRUCTIONS.

A \$100 RE-INSPECTIONS FEE SHALL BE PAID TO THE DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES UPON SUCCESSFUL COMPLETION OF A FOLLOW-UP INSPECTION.

→ 4. SEAL ALL OPENINGS TO THE FACILITY WITH RODENT-PROOF MATERIALS, SUCH AS METAL, TO PREVENT ACCESS.

DISCUSSED THIS REPORT WITH SUNHEE KIM, MANAGER.

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in the immediate suspension of the Sanitary Permit or downgrade. If seeking to appeal the result of any notice or inspection findings, a written request for hearing must be submitted to the Director within the period of time established in the notice for corrections.

Person in Charge (Print and Sign) Sun Hee Kim	Date: 3/15/18
DEH Inspector (Print and Sign) LEIAN NAVAIZO	Date: 03/15/2018



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO
GOVERNOR

RAY TENORIO
LIEUTENANT GOVERNOR

LEO G. CASIL
ACTING DIRECTOR

Date: 03/15/18

MOP'S BOP BURGER
Name of Establishment

As a result of this inspection your establishment received a:

☐ LETTER OF WARNING

(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. If we do not receive a written re-inspection request from you, we will conduct a follow-up inspection after ten (10) calendar days from the official receipt of this notice to ensure that corrective measures have been taken.

Failure to correct violations may result in the closure of your establishment pursuant to section 21109(b) of 10GCA, Chapter 21.

☒ NOTICE OF CLOSURE

24/c
(Demerit/Grade Points)

Once you have corrected all violations cited on your establishment's inspection report, you must provide us a written request for re-inspection to include a description of the corrective measures that you have implemented. Unlike an establishment who has received a letter of warning, an establishment shall remain closed unless a written request for re-inspection is made. Under 10 GCA Ch. 21 §21109(b), suspension without prior hearing may be imposed until the violation is corrected. You may also request a hearing to the Division of Environmental Health within five (5) calendar days of the date of this notice. When a hearing is requested following a suspension without prior hearing, it shall be discretionary with the Director as to whether the suspension shall be continued pending the hearing.

We look forward to working closely with you as partners in promoting health and sanitary practices on Guam. If you need further assistance, you can reach us at 735-7221 or (fax) 734-5556. Si Yu'us Ma'ase.

Sincerely,
Leo G. Casil
ACTING Director

Issued By: L. N. [Signature] / v. RAYMUNDO
Name of EPHIO

Received By: Su Hae K 3/15/18
Establishment Representative